

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK • AMHERST • MA • 01002
Office (413) 259-3077 Fax (413) 259-2404
Environmental Health Division (413) 259-3078
www.amherstma.gov

TEMPORARY FOOD SERVICE

\$50.00 Per Event - \$40.00 Per Event *Non-Profit*

1. Applicant must complete "Food Establishment Application".
2. Indicate on application number of days for event.
3. Permit is issued for the day of the event, provided application is completed and fee is paid.
4. Permit expires at the end of the day for which permit was requested.
5. Out of town vendors must submit:
 - The last 3 (three) inspections of establishment.
 - Copy of current food permit from their local health department.
 - Copy of Food Manager Certification.

It is the requirement of the Health Department that if the Amherst Town Common is being used for a food event the appropriate number of Sani-Cans must be available. It is also a requirement that the hand sink must be equipped with anti-bacterial soap.

The guidelines for bathroom facilities at public events are as follows:

1. For every two-hundred (200) females, you should have one (1) toilet facility.
2. For every five-hundred (500) males, you should have one (1) toilet facility.

The number of bathroom facilities required, as stated above, depends on the number of people expected to attend a particular event. In the past, events on The Amherst Town Common have had a total of seven (7) facilities, of which two (2) were handicap accessible. Each bathroom facility is required to have a hand washing sink. In addition, there must be two (2) hand washing sinks in the area independent of those required in the bathroom facilities.

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To: All Food Vendors

From: Amherst Health Dept.

Subject: Regulations Regarding “Temporary” Food Service

RE: Your attention to the following list of requirements will be expected during event licensed for.

REQUIREMENTS

1. All vendors must have their operation ready for inspection two (2) hours before the opening of the event. Failure to do so could result in the vendor not being allowed to operate.
2. All foods shall be protected (in containers or covered) from contamination while stored or awaiting sale.
3. All food products or single service items (plates, napkins, etc...) shall be stored on pallets (no storage on ground).
4. Pallets, wood chips, platforms or other ground covering shall be provided.
5. An adequate supply of water must be available for cleaning utensils and food contact surfaces, as well as for hand washing.
6. If ice is provided for drinks it must be kept clean and in sanitary containers.
7. Adequate refrigeration facilities for storage of foods shall be provided. Ice cannot be used as a substitute.
8. Cream filled pastries, custards, and salads such as tuna and egg shall not be sold or served.

Your Attention To Good Sanitary Practice Is Expected

SERV SAFE _____
ALLERGY TR. _____

LICENSE FEE Profit : \$50.00
LICENSE FEE Non Profit: \$40.00

FOR OFFICIAL USE ONLY
Application #:
Batch #:



APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT PERMIT

Name of Establishment

Operator

Contact Telephone

Name of Event/Location

Date(s) of Event/Hours of Operation

Operator Mailing Address

1. Before completing this application, read Food Safety at Temporary Events and the temporary food service "Are You Ready?" Checklist.
Have you read this material? _____ **YES** _____ **NO**

2. Menu: Attach or list **all** items. Any changes must be submitted and approved by the Board of Health at least 7 days prior to the event.

3. Will all foods be prepared at the temporary food service booth?

_____ **YES**

Fill out **Section B** below.

_____ **NO**

1. Attach a copy of the food permit and agreement for use of another approved kitchen giving dates and times.

2. Fill out both **Sections A and B** below.

4. List each potentially hazardous food item, and for each item check which preparation procedure will occur.

SECTION A: At the approved kitchen:

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								

SECTION B: At the booth:

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

5. Food source(s):

Source and storage of water/ice:

Storage and disposal of wastewater:

Storage and disposal of garbage:

6. NAME OF CERTIFIED FOOD MANAGER:

NAME PERSON WITH ALLERGEN AWARENESS TRAINING:

NOTE: As of **October 1, 2001**, at least one Certified Food Manager is required for all Food Service operations which handle potentially hazardous foods (PHFs). As of **February 1, 2011**, have a staff person who has completed allergen awareness training. A copy of each certificate must be on file at the Health Office. **Please include a copy of each certificate with this application.**

Plan Review:

A. Draw in the location and identify all equipment including hand wash facilities, dish wash facilities, ranges, refrigerators, worktables, food/single service storage, etc. (A certificate from the Fire Department is required for all open flames.)

B. Describe floor, wall and ceiling surfaces: _____

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are no margins, text, or other markings on the page.

I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments, federal 1999 Food Code and the above described establishment will be operated and maintained in accordance with the regulation:

APPLICANT'S SIGNATURE

DATE _____

COMMENTS (For Official Use Only):

APPROVED BY

DATE _____